| Provider Number Nursing Home Name Street | Provider Number | Nursing Home Name | Street |
|--|-----------------|-------------------|--------|
|--|-----------------|-------------------|--------|

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| City | State | Zip Code | Phone Number |
|------|-------|----------|--------------|

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| Health Survey Date Fire Survey Date |
|-------------------------------------|
|-------------------------------------|

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Number of Certified Beds

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Total Number of Residents

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| Program Participation Type of Ownership |
|---|
|---|

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Located Within a Hospital?

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Multi Nursing Home Ownership?

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Resident and Family Councils

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Continuing Care Retirement Community?

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Quality Indicator Survey?

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Special Focus Facility?

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